



Early notification of the receiving facility, even from the scene, will enhance patient care.

Preconfigured response initiated/appropriate pre-arrival instructions given based on Local EMD

Perform Primary Survey

1) Does the patient have:

- Uncontrolled airway?
- Cardiopulmonary arrest?

YES

**IMMEDIATELY LIFE
THREATENING**

**Transport immediately
to nearest hospital**

NO

2) Does the patient have

Physiologic Criteria:

- Glasgow Coma Scale <14
- Respiratory rate < 10 or > 29 or respiratory rate out of range for age?
- Systolic Blood Pressure < 90 mmHg or < 70-90 (age appropriate) in pediatrics

Anatomic Criteria:

- Flail Chest
- Open or depressed skull fractures
- Penetrating trauma to head, neck, torso, or extremities proximal to elbow and knee
- Crushed, degloved or mangled extremity
- Pelvic fractures (excluding simple fractures)
- Paralysis
- 2 or more proximal long bone fractures, or any open proximal long bone fracture
- Amputations proximal to wrist or ankle
- Recent solid organ injury

YES

**CRITICAL
TRAUMA**

Transport to:

- A Level I, II or III Trauma Center or Pediatric Trauma Center**. These patients should be transported preferentially to the highest level of care within the trauma system in accordance with DPH-approved Regional Point of Entry Plan.
- For prolonged transport times, consider activating the appropriate air ambulance service.

For patients being transported by air ambulance, transport to a level 1 trauma center with helipad facilities.

** MDPH-designated, or ACS-verified if out-of-state

NO

3) Mechanism-of -Injury Criteria

- Falls:
 - Adults > 20 feet (one story is equal to 10 feet)
 - Children > 10 feet or two or three times the height of the child
- High-Risk auto crashes.
 - Death in same passenger compartment
 - Intrusion > 12 inches occupant site, >18 inches any site
 - Ejection (partial or complete) from vehicle
 - Vehicle telemetry data consistent with high risk of injury
- Auto vs. pedestrian/bicycle thrown/run over or with significant (>20 mph) impact

YES

Transport to closest appropriate Trauma Center** which may not be the highest level Trauma Center**

NO

4) Assess special patient or systems considerations

Age:

- Older adults (aged > 55 years)
- Children should be triaged to pediatric trauma centers per Regional Point of Entry Protocols

Anticoagulation and bleeding disorders

Burns:

- Without other trauma mechanism to burn facility
- With traumatic mechanism to Trauma Center

Time sensitive extremity injury

End stage renal disease requiring dialysis

Pregnancy > 20 weeks

EMS personnel judgment

YES

Contact medical control and consider transport to a Trauma Center or specific resource hospital**

NO

Transport to closest appropriate hospital.

EMS personnel are encouraged to contact medical control for direction of trauma patients as needed.